



## MANUFACTURER'S FORM OF OBJECTION TO PERSONAL PROPERTY ASSESSMENT

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**ALL INFORMATION REQUESTED ON THIS FORM MUST BE PROVIDED. FAILURE TO DO SO WILL RESULT IN THE BOA DENYING JURISDICTION ON THE APPEAL.**

**Filing Requirements** – Sec. 70.995 (8)(c) Wis. Stats. requires a state prescribed objection form be filed with the State Board of Assessors with a **\$45 FILING FEE** payable to the Wisconsin Department of Revenue. An objection is not considered filed until the fee is paid. The fee is waived if a prior year appeal on the same property is pending per Sec. 70.995 (8)(c) and (d). A separate objection form and fee is required for each personal property account being appealed. Sec. 70.995 (8)(c)1 requires the appellant to provide the reason for the objection, an opinion of the correct full value assessment and the basis for the opinion. This information must be provided in Section 2, A and B of prescribed objection form PA-131. Submit the original plus one copy of the objection form, correspondence, and all supporting data. If this information is not included your objection will be denied.

**M-Form** – Sec. 70.995(12)(a) requires the annual filing of the MP Form, Wisconsin Manufacturing Personal Property Return. The State Board of Assessors will deny jurisdiction on the objection if the completed form has not been filed.

**Agent Authorization** - If an agent is working on behalf of the property owner, written authorization from the property owner must accompany the objection form.

**Due Date** – The objection form and fee must be filed with the State Board of Assessors within 60 days of the issuance date on the notice of personal property assessment. A postmark or delivery service ship date within 60 days of the issuance date serves as evidence of timely filing.

**Where To File** – Send the objection form, **\$45 FILING FEE** and supporting data to:

Street Address:

Wisconsin Department of Revenue  
State Board of Assessors  
Mail Drop # 6-97  
2135 Rimrock Road  
Madison WI 53713

Mailing Address:

Wisconsin Department of Revenue  
State Board of Assessors  
Mail Drop # 6-97  
PO Box 8971  
Madison WI 53708-8971

Telephone Number: 608-266-1147



**FORM OF OBJECTION  
TO PERSONAL PROPERTY ASSESSMENT**

**BOA#** \_\_\_\_\_ **-P-** \_\_\_\_\_  
(For Dept. Use Only)

**SECTION 1: PROPERTY OWNER AND PROPERTY INFORMATION (ALL MUST BE COMPLETED)**

Name of Property Owner on Assessment Notice:	<b>IT IS REQUESTED THAT THIS OBJECTION BE REVIEWED</b>
Mailing Address:	Signature of Owner/Authorized Agent: _____ Date: _____
City, State & Zip Code:	Print Name and Title: _____
Street Address of Property:	Mailing Address: _____
Taxation District (Municipality):	City, State & Zip Code: _____
County:	Telephone Number: _____ Fax Number: _____

**SECTION 2: ASSESSMENT INFORMATION AND OPINION OF VALUE (ALL MUST BE COMPLETED)**

Date of Issuance of Personal Property Assessment Notice:	Personal Property Computer Number: _____ - _____ - _____ -P_____
Assessment as Shown on Full Value Notice:  Boats & Watercraft:     \$ _____ Machinery & Equipment: _____ Furniture & Fixtures:     _____ All Other: _____ Bldgs on Leased Land: _____ Mobile Homes: _____  Total:     \$ _____	Your Estimate of What Full Value Should Be:  Boats & Watercraft:     \$ _____ Machinery & Equipment: _____ Furniture & Fixtures:     _____ All Other: _____ Bldgs on Leased Land: _____ Mobile Homes: _____  Total:     \$ _____

**A. Reason(s) for Objecting to Assessment:** *(Additional sheet should be used and attached if needed.)*

**B. Basis for Your Estimate of What Full Value Should Be:** *as prescribed in Sec. 70.32(1), shall be included for the property in question. (Additional sheets should be used and attached if needed.)*

If you would like to discuss your objection informally prior to the State Board of Assessors' action, please contact the district office where the property is located.

Sec. 70.995(8)(c)2 allows you to submit additional information within 60 days of your appeal to the BOA to consider in reviewing the appeal. In order for the BOA to expedite the appeal process for you, answer the following questions:

Do you intend to submit supplemental information to support documentation provided in Section 2, A & B to the BOA within 60 days of the appeal date? *(circle one)*     **Yes**     **No**

If Yes, when will the supplemental information be supplied? *(date)* \_\_\_\_\_